

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10510.000

FILING DATE

APPLICANT(S)

1097-04 7-1-09

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		nnnnnn				
4		nnnnnn				
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16		nnnnnn				
17		nnnnnn				
18	1					
19	1					
20	1		1			
21	1		1			
22		0		2		
23	1					
24	1					
25		nnnnnn				
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TOTAL IND.	8		2			
TOTAL DEP.	40		2			
TOTAL CLAIMS	48		4			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						